(6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

DEC 1 0 2007

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



SECURITIES AND EXCHANGE COMMISSION





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SE	C USE ON	LY
Prefix		Serial
DA	TE RECEIV	'ED

Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] Rule 506	[] Section 4(6)	[] ULOE
Type of Filing: [X] New Filing []	j Amendment			PROCI	ESSED
	A. BASIC IDE	NTIFICATION DAT	ΓA	THOM	T ZUU/
Enter the information requested at	out the issuer			F!NAN(SON CIAI
Address of Executive Offices (N	lumber and Street, Ci	in, Clair Tin Cade			
27815 LOUISVILLE ROAD, CAVE C Address of Principal Business Opera Area Code) (if different from Executiv Brief Description of Business	ITY, KENTUCKY 421 tions (Number and 3 re Offices)	27 Street, City, State,	877 677-4645 Zip Code) Telep	`	,
27815 LOUISVILLE ROAD, CAVE C Address of Principal Business Opera Area Code) (if different from Executiv Brief Description of Business DRILLING OF	ITY, KENTUCKY 421 tions (Number and 1	27 Street, City, State,	877 677-4645 Zip Code) Telep	hone Number (Includi	,
27815 LOUISVILLE ROAD, CAVE C Address of Principal Business Opera Area Code) (if different from Executive Brief Description of Business DRILLING OF	ITY, KENTUCKY 421 tions (Number and 3 re Offices)	27 Street, City, State, LS IN PULASKI C	877 677-4645 Zip Code) Telep	hone Number (Includi	ng
27815 LOUISVILLE ROAD, CAVE C Address of Principal Business Opera Area Code) (if different from Executiv Brief Description of Business	ITY, KENTUCKY 421 tions (Number and 3 /e Offices) TEN (10) GAS WEL [X] limited part	27 Street, City, State,	877 677-4645 Zip Code) Telep COUNTY, KENTUC	hone Number (Includi	ng

CN for Canada; FN for other foreign jurisdiction) [K][Y]

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) th Apply:	at [X] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director [X]	General and/ Managing Partner
	ame first, if individ OURCE PARTNEF		GING GENERAL PA	ARTNER)	
	dence Address (Nu LE ROAD, CAVE (t, City, State, Zip Co Y 42127	ode)	
Check Box(es) that Apply:	[X] Promoter [X] Beneficial Owner	[X] Executive Officer	[X] Director [] General and/or Managing Partner
CORY, ROGER Business or Resid	ame first, if individ dence Address (Nu LE ROAD, CAVE C	mber and Stree	t, City, State, Zip Co Y 42127	ode)	
CORY, ROGER Business or Resid 27815 LOUISVILI	lence Address (Nu	mber and Stree CITY, KENTUCK		ode) [] Director []	General and/o Managing Partner
CORY, ROGER Business or Resid 27815 LOUISVILI Check Box(es) th Apply:	dence Address (Nu LE ROAD, CAVE C	ember and Stree CITY, KENTUCK [] Beneficial Owner	Y 42127	·	Managing
CORY, ROGER Business or Resid 27815 LOUISVILI Check Box(es) th Apply: Full Name (Last n	dence Address (Nu LE ROAD, CAVE C at [] Promoter ame first, if individ	ember and Stree CITY, KENTUCK [] Beneficial Owner	Y 42127	[] Director []	Managing
CORY, ROGER Business or Resid 27815 LOUISVILI Check Box(es) th Apply: Full Name (Last n	dence Address (Nu LE ROAD, CAVE C at [] Promoter ame first, if individ	ember and Stree CITY, KENTUCK [] Beneficial Owner ual)	Y 42127 [] Executive Officer	[] Director []	Managing Partner

			B	. INFOR	MATION	ABOU	r offer	RING				
	s the issu	uer sold,	or does	the issu	er intend	to sell,	to non-a	ccredited	investor	s in this	3	Yes No
			Answ	er also i	n Appen	dix, Colu	mn 2, if	filing und	er ULOE			
	at is the		m invest	ment tha	t will be	accepted	d from ar	ny individ	ual?.1/2			\$12,500
3. Do	es the of	fering pe	ermit join	t owners	ship of a	single ur	nit?		•••••	•••••		Yes No [X] []
or ind with s a broke broke	irectly, a ales of s er or deale r or deale	ny comn ecurities aler regi er. If mo	nission of in the o stered w re than f	r similar ffering. I ith the S ive (5) p	remune f a perso EC and/	ration for on to be l or with a o be liste	solicitat isted is a state or d are as:	ion of pu in associ states, li sociated	be paid or chasers ated perset the na persons er only.	in conr son or a me of th	nection agent of ne	
Full N	ame –. J	AMES (C. GAUL									
1040 Name ALTE	of Asso RNATIV	S HWY ciated B E WEAL	SUITE roker or TH STR	302, CH Dealer ATEGIE	ERRY H S, INC. cited or l							
(Chec	k "All S	States" (or check	individ	lual Stat	tes)	•••••			[X] All Sta	tes
[AL]	[AK]	[AZ] X	[AR]	[CA] X	[CO] X	[CT] X	[DE]	[DC]	[FL] X	[GA] X	K [HI] X	[ID] X
[IL] X	[IN] X	[IA] X	[KS] X	[KY] X	[LA]	[ME] X	[MD] X	[MA] X	[MI] X	[MN]	X [MS]	X[OM]
[MT]	[NE] X	[NV] X	[NH] X	[NJ] X	[MM]	[NY] X	[NC] X	[ND] X	[OH] X	[OK] X	([OR] X	[PA] X
[RI] X	[SC] X	[SD]	[TN]	[ТХ]Х	[UT]	[VT]	[VA] X	[WA]	[WV] X	[WI] X	([WY]	[PR]
Full N	ame (La	st name	first, if ir	ndividual)				· · · · · · · · · · · · · · · · · · ·			
Busin	ess or Re	esidence	e Addres	s (Numb	er and S	Street, Ci	ty, State	Zip Cod	e)			
Name	of Asso	ciated B	roker or	Dealer								
States	in Whic	h Perso	n Listed	Has Soli	cited or I	Intends t	o Solicit	Purchase	ers			
(Chec	k "All S	States" o	or check	individ	lual Stat	tes)	••••••••]] All Sta	tes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[Mi]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
t D II	1901	reni	ETAD	ITV1	ri ima	М	Γ./Α1	DA/A1	DA/A/I	f\A/II	DA/VI	וממו

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Alread
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$ 2,000,000	\$ 125,000.00
Other (Specify).	\$	\$
Total	\$ 2,000,000	\$ 125,000.00
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	2	\$ 125,000.00
Non-accredited Investors		\$
Total (for filings under Rule 504 only)	2	\$ 125,000.00
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$ \$
Rule 504		\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	
Transfer Agent's Fees	[] \$
Printing and Engraving Costs .(SHIPPING)	[X] \$
Legal Fees	[X] \$ 10,000
Accounting Fees	[X] \$
Engineering Fees	[X] \$
Sales Commissions (specify finders' fees separately)	[] \$ 290,000
Other Expenses (identify). Management and Administration	[X] \$
Total	[] \$ 300,000
issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be us each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and che the box to the left of the estimate. The total of the payments listed must equal the adjusted gross pro to the issuer set forth in response to Part C - Question 4.b above.	eck
	Officers, Payments Directors, & To Affiliates Others
Salaries and fees	\$\$
Purchase of real estate	[] \$\$
Purchase, rental or leasing and installation of machinery and equipment	[] \$\$
Construction or leasing of plant buildings and facilities	[] \$\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] [] \$\$
Repayment of indebtedness	{} \$\$
Working capital	[] \$\$
Other (specify)CONTRACT DRILLING AND COMPLETION COSTS	[X] [] \$1,700,000 \$
	(1) (1)

Column Totals

Total Payments Listed (column totals added)

[X] [] \$1,700,000 \$_

[X]\$1,700,000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Signature Date
19 November 2007
Title of Signer (Print or Type) PRESIDENT - MAMMOTH RESOURCE PARTNERS, INC. MANAGING GENERA PARTNER
£ : .

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No
[] [X]"

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date 19 November 2007
MAMMOTH CHIMNEY ROCK, PHASE 1 LTD		101101111111111111111111111111111111111
Name of Signer (Print or Type)	Title (Print or Type)	·
ROGER CORY	PRESIDENT - MAMMOT PARTNERS, INC. MANA PARTNER	

Instruction:

APPENDIX

									
1	Intend to	o sell	3 Type of security		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	accred investo Stat (Part B-	dited ors in te -Item	and aggregate offering price offered in state (Part C-Item 1)	an					
			LIMITED PARTNERSHIP UNITS	Number of Accredited	_	Number of Non- Accredited			
State	Yes	No	\$2,000,000	Investors	Amount	Investors	Amount	Yes	No
AL		X							ļ
AK		X							
AZ		X					<u> </u>		<u> </u>
AR		X							
CA		X							
co		X							
СТ		X					İ		<u> </u>
DE		X							
DC		Х							
FL		X					}		
GA		X							
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KS		X							
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MT	<u> </u>	X	· <u>-</u>		 				
NE		X			<u> </u>	<u> </u>	i –	<u> </u>	
NV		X							
NH		X					ĺ		
NJ		X							
NM		X							
NY		X	2	125,000.00					
NC		X							
ND		X							
ОН		X							
ОК		X							
OR		X							
PA		X				Ţ			
RI		X							
sc		X							
SD		\mathbf{x}							
TN		\mathbf{x}							
TX		X							
UT		X							
VT		X							
VA		X							
WA		X							
WV		X							
WI		X							
WY		X							
PR		X	,-						

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